



CHANGING
CULTURE,
CHANGING
VALUES

PETER SAUNDERS

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This booklet is based on the transcript of a talk titled 'Human values and their origin' given at the Scientists' stream of the European Leadership Forum in Wisla, Poland, in May 2014. It gives an overview of major issues in medical ethics, traces their historical and philosophical roots and offers a biblical framework for engaging with them.

DOUBLE LISTENING

We are told that the men of Issachar,¹ one of the tribes of Israel, were people who understood the times and who knew what to do. I think that it is a good challenge for Christians in any age: that we understand what is happening in the world and know what to do because we are grounded in God's Word.

John Stott, to whom many of us owe a real debt for his service to the church, talked about the importance of Christians engaging in 'double listening': that is we are people who have the Word of God in one hand and the world of God in the other and attempt to bring the two together.

So, in addressing the issue of human values and their origin, I first want to sketch out what is happening in the world at the moment, especially in the area of bioethics, and show how secular thinking is shaping this. We'll then look at medical and philosophical developments before returning to the Bible to build a Christian framework: both a Christian anthropology and a Christian basis for ethics.

First, let me briefly sketch out for you what's happening in bioethics under a number of headings.

ABORTION

We start with abortion because everything has followed from the way popular thinking has changed about abortion.

Abortion has been practised by most societies at some level throughout most of history, but legalised abortion on a massive scale, on an industrial scale, is a very recent phenomenon in world history.

It began in the former Soviet Union in the 1920s then moved on to Scandinavia, India and China. Britain became the first non-Scandinavian country in Europe to legalise abortion with the 1967 Abortion Act.

1. 1 Chronicles 12:32

The Roe v Wade Supreme Court judgment in the US took place in 1973. We have since snowballed to the present situation where 80% of the world's countries have effectively legalised it. It is only in parts of Africa, South America and the Middle East – largely Muslim and Catholic countries – where it remains illegal or restricted.

That means that the younger generation in many countries, especially in the Western world, are growing up at a time when they've known nothing else. They regard a situation that two generations ago would have been regarded as absolutely horrendous as quite normal.

We are now at the point where the generally accepted figure is 42 million abortions per year, worldwide. To give that some context, there were 50 million reported civilian and military deaths throughout the whole of the Second World War. There are 57 million deaths per year from all causes other than abortion. So, in total, about 100 million human beings die every year, and 42 million of them are unborn children having their lives ended largely by health professionals.

What has happened more recently is that the abortion rate is starting to come down, worldwide, for two main reasons.

China is rethinking its one-child policy, which, along with sex selection abortion in India, has led to the phenomenon where there are 160 million missing women in South Asia and East Asia as a result of female babies being selectively aborted. This has knock-on effects in societies where women are already being mistreated and abused by men. When sexually frustrated men are left with no hope of marriage, they are more likely to exploit women through pornography, sex crimes and human trafficking.

It is because of these demographic effects, for purely pragmatic reasons, that the Chinese are starting, at least in rural areas, to relax the one-child policy.

In Eastern Europe, but particularly in Russia, there is great concern about what massive legalised abortion has done to the demographic profile. In Romania and Russia, there were more than two abortions for every live birth for a long period of time; this has changed the age structure of the

population so that there are now a hugely disproportionate number of elderly people. In Western countries like the US and Britain, where one baby is aborted for every four live births, the effects are less marked but still consistent. Many European countries, apart from immigration, now have zero or negative population growth.

Interestingly, the demographic crisis in Russia has led Vladimir Putin to offer incentives to women to keep their babies and to tighten up on abortion laws.

ARTIFICIAL REPRODUCTION

Artificial reproduction is also a relatively recent phenomenon, going back to the birth of the first test-tube baby, Louise Brown, in Britain in 1978. But artificial reproduction is also now a massive commercial venture worldwide, fuelled by growing levels of infertility (in large part as a result of women delaying having children and tubal damage due to sexually-transmitted diseases) and falling availability of babies for adoption (due to both abortion and single parents opting to keep their babies). Understandably, people are now looking for technological solutions.

One in every eleven couples is infertile. We now have sperm and egg donation, in vitro fertilisation (IVF), gamete intra-fallopian transfer (GIFT) and surrogacy. This has led to the situation where a child can have five different parents: the commissioning couple, an egg donor, a sperm donor and a surrogate who carries the baby because the mother who wants to adopt it doesn't want, or isn't able, to become pregnant. Surrogacy is now becoming a huge commercial venture, particularly in the developing world where wealthy couples from the rich north are commissioning couples in India, Eastern Europe and Southern Africa to have children.

PRENATAL SELECTION AND GENETICS

Once we unravelled the genetic code, the idea was that we would be able

to identify and repair genetic disease. In practice, however, it is much simpler to identify a so-called defective gene and then destroy the individual carrying it. Coupled with the idea that life before birth is not really human life, many countries have thereby adopted a negative eugenics policy.

There are about 6,000 diseases which can be inherited one way or another, and we now have the technology, increasingly, to identify these.

We can test for defective genes at three different stages: at the pre-implantation stage in an early embryo, by removing a single cell and examining it; at the eight to ten-week stage through chorionic villus biopsy by taking tissue from the cervix; or at the 18 to 20-week stage through amniocentesis, by drawing fluid from the uterus with a needle. Prenatal diagnosis used to be just about detecting chromosomal abnormalities like trisomy 21 responsible for Down's Syndrome. Now in most Western countries between 90 and 95% of babies with Down's Syndrome, that are identified prenatally, are aborted.

As technology advances (it is now possible to diagnose a wide variety of genetic conditions in the baby by examining a maternal blood sample), prenatal diagnosis will be expanded to be available for more and more inherited conditions. Of course, that includes conditions which just give you a propensity or a possibility that you might, for example, be more likely to get breast cancer later in life.

STEM CELLS, CLONING AND ANIMAL HYBRIDS

In the late-1990s, we were being told that embryonic stem cell technology would provide cures for all sorts of diseases. More recently, scientists claimed that the use of animal-human hybrids, so-called cytoplasmic hybrids, comprised of both animal and human genetic material, would provide us a source of stem cells that would do the same thing.

These techniques are largely dead in the water now because we have just not seen the predicted advances, and biotechnology companies are now investing in what they see as more profitable areas. The real advances

are being made at the moment in the area of adult stem cell technology.

This is an extension of what we have been doing with bone marrow transfusions, in which blood stem cells from a donor are used to repopulate bone marrow destroyed by radiotherapy or chemotherapy to treat certain kinds of cancer. But all tissues in the body have stem cells and adult stem cells are now being used successfully to treat a range of conditions in other organs where there has been cell loss – from diabetes to Parkinson’s disease to heart disease. Adult stem cells, taken from adult bone marrow or the umbilical cord of newborn babies, are also a much more ethical source of stem cells than embryos or fetuses because the donor is not damaged or killed during the harvest process.

EUTHANASIA

The legalisation of assisted suicide and euthanasia has not progressed around the world as fast as one might have expected. I think that, internationally, that is because Christians have not been alone in opposing it; there are other strong co-belligerent groups, particularly the medical profession and the disability rights lobby, who have also fought liberalisation of the law.

Same-sex marriage, by contrast, is progressing rapidly, if we consider the growing number of US states and countries around the world which are legalising it.² The push for euthanasia started earlier, but it has been much slower in its progression. We still only have four European countries which have legalised assisted suicide, euthanasia or both: the Netherlands, Belgium, Luxembourg, and Switzerland, no other country outside,³ and only three US states.⁴

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2. The US Supreme Court subsequently legalised same sex marriage throughout the US in the *Obergefell v Hodges* decision in 2015 bit.ly/2ouxPJH
 3. Canada subsequently legalised assisted suicide and euthanasia in 2016
 4. Five US states have now legalised assisted suicide with California and Montana joining Oregon, Washington and Vermont

What's particularly striking is that there have been over 150 attempts to legalise assisted suicide or euthanasia in different US states in the last 15 years or so. All of these, through state parliaments, have failed, with one exception: Vermont. Vermont, a socially liberal state, legalised assisted suicide in 2013 but there has not been a single case carried out under the new law.

The pressure for euthanasia is continual. We always thought same-sex marriage would be the last skittle to fall in Western civilisation, but I suspect it will be euthanasia.

All these ethical issues interrelate.

Abortion first dramatically reduces the number of babies available for adoption by infertile couples. This in turn creates a much higher demand for fertility services from those who would have been otherwise happy to adopt. In the same way, it has been said by some commentators that the generation which killed its children through abortion is at great risk of being killed by its children through euthanasia.

Why? Well, it's all about demography. In Japan, in 1950, 35% of the population were under the age of 15 and 5% were over the age of 65. By 2050, it will be 8% under the age of 15 and 30% over the age of 65. Most Western countries follow a similar pattern of shift although the differences are most marked in Japan.

If we consider that the percentage of the population in the working age of 15 to 65 is getting smaller and add in toxic debt, unemployment and increasing welfare payments we can see where this is going unless there is a fundamental change. The perceived economic burden posed by the retired population creates an incentive to speed them on their way.

DECONSTRUCTION OF GENDER, MARRIAGE AND REPRODUCTION

What do I mean by this? Let me just illustrate with an example. There was a front page story reporting on the fact that children in a London clinic who were gender-confused were being given hormones to delay the onset

of puberty. This was to give them more time to decide whether they were going to be boys or girls. Some of the children were as young as nine.⁵

A girl of nine believes she's a boy in a girl's body. She's going to be distressed, it is argued, by her female hormones changing her body into a woman, and so it is recommended that she be given hormones to delay the onset of puberty for four or five years so that she can then decide whether she wants to be a boy or a girl.

The idea behind this is that gender is actually a social construct rather something that is genetically determined.

This is reflected in the way that psychiatrists are thinking about so-called gender dysphoria. The *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, published by the American Psychiatric Association, lists the various mental disorders. We can see the way that worldviews are changing by what is regarded as a 'disorder' and what isn't. In the DSM-IV, issued in 2000, the condition is called 'gender identity disorder'. In other words, someone who is 'transgendered' is seen as having a mental disorder; a false belief that they are really the other sex.

Transgender was viewed similarly to anorexia nervosa, where a person believes they are overweight despite not actually being overweight. We would say that the person has a false belief that they are overweight, leading them to diet inappropriately: a body dysmorphia.

Gender identity disorder used be seen in this way, but under the DSM-V (2013), the latest version, it has been renamed as 'gender dysphoria' and is only regarded as a disorder if it causes distress to the person and impairs their social functioning.

So the argument is that gender is actually a social construct. It doesn't matter what your genes or hormones are. What is important is what you think you are. That is your real gender.

5. Manning S, Adams S. NHS to give sex change drugs to nine-year-olds: Clinic accused of 'playing God' with treatment that stops puberty. *Daily Mail* 17 May 2014 daily.m.a.i/1voMENr

There is a move, internationally, to rethink gender, marriage and also reproduction all as social constructs, which a male-dominated society has defined in a certain arbitrary way. Why should our chromosomes or hormones determine what sex we are? Why should marriage be confined to one man and one woman? Why not two men, two women, or three people together? In the same way, reproductive technology has allowed us to create babies in different ways. Why should we regard one way as more natural or right than any other? We should expect to see more and more questioning of social norms in this way.

We have done a rapid survey of developments in bioethics, but why are things moving in this direction? These changes need to be seen against a background of the medical and philosophical changes of the last 40-50 years.

WHY IS MEDICAL ETHICAL DECISION-MAKING MORE DIFFICULT?

First, there is technological advance. One hundred years ago, there was very little that medicine could do in comparison to now. Now we have gene therapy, ventilators and nanotechnology, and people are talking about transhumanism and robotic technology. If we can do more, it obviously raises more ethical questions about whether we ought to or not.

Second, there is media influence and the rise of the internet. These make medical knowledge much more widely accessible. Something reported in an obscure medical journal can become headline news all over the world very, very quickly. This may happen before scientists working in the same field are even aware of it.

Third, there is the rise of autonomy and consumerism, leading to the belief that we are entitled to and should be able to have what is technologically possible and available.

Next are financial constraints – the collapse of the welfare state, inadequate funding and the growth of biotechnology companies are

all having an influence on what technology is developed and used.

Finally all of this is happening in a 'moral vacuum', in a post-Christian world where there is no clear consensus about what is right or wrong.

CHANGES IN WORLDVIEW

Let's look briefly at the philosophical background to this. In Europe, for many hundreds of years, most people had a Christian theistic worldview. They believed in an all-knowing all-powerful, benevolent creator God who entered the world in the person of Christ and who would be our judge after death.

This belief was undermined by three main developments in the 19th century. The first was the rise of Enlightenment philosophy and the idea that man was capable of taking control and determining his own destiny. The second was the emergence of higher criticism of the New Testament, which cast great doubt on the authority of the Bible. Third, Darwin's theory of evolution gave an intellectually respectable alternative for biological complexity to supernatural creation. These developments together created a platform whereby atheism could become a credible worldview.

The rise of an atheistic worldview was coupled with rejection of biblical ethics and replaced by the ethics of secular humanism.⁶

We have now reached the point where the corridors of power, the mountains of our culture – the judiciary, Parliament, the media, the arts, entertainment and the universities – tend to be increasingly populated by people who have an atheistic worldview: 'God doesn't exist. Death is the end. Morality is arbitrary, or can be discovered by the scientific method.'

In practice, however, the atheistic worldview has been coupled, not with scientifically discovered morality, whatever that may be, but with liberal secular values – pro-choice, pro-euthanasia, pro-everything being a social

6. See for example: *Humanist Manifesto III*. American Humanist Association bit.ly/2bmo0tR

construct and pro-same-sex marriage. Scientific research is then used to bolster and support these values by attempting to show that they lead to the best outcomes.

ETHICAL CODES

This shift in worldview from Christian theism to atheism and secular humanism has been reflected in changes in ethical codes.

It has been argued that the Nazi Holocaust would never have happened if it weren't for the collaboration of the German medical profession. But in fact, what ended in Auschwitz began, at the beginning of the Second World War, in psychopaedic, geriatric, and psychiatric hospitals all over Germany. After the 'defective' patients in these hospitals were 'cleared out', the medical and auxiliary staff were redeployed to Auschwitz and similar institutions, after having been desensitised to medical killing. They initiated the euthanasia programme which the SS later developed.

It was precisely because of the involvement of the medical profession and scientists in the Holocaust, revealed in the Nuremberg Trials, that it was felt necessary to restate all the historic medical ethical codes after the Second World War ended.

The Hippocratic Oath, which dates back to 600 BC, says, 'I will give no deadly medicine to anyone, nor suggest such counsel, and nor will I give a woman a pessary to produce abortion.' Thus, the Hippocratic Oath, although based on a polytheistic rather than a Christian theistic worldview, is profoundly pro-life.

After the Second World War, the World Medical Association (WMA) introduced declarations like the Declaration of Geneva and the International Code of Medical Ethics which restated these Hippocratic and, I would argue, Judeo-Christian principles.

Thus, the Declaration of Geneva says, for example, 'I will maintain the utmost respect for human life from the time of conception, even against threat. I will not use my medical knowledge contrary to the laws of humanity.'

This was embraced by the WMA and every national medical association around the world, including the BMA, in 1948. So it was only 69 years ago that the medical profession held to a profoundly pro-life ethical declaration.

With the growth and increasing dominance of atheism and secular humanism as a worldview/ideology in the Western world, these notions have been displaced, and all of these codes have, in accordance with that change of worldview, been amended to reflect that different thinking.

For example, in 1983, the Declaration of Geneva was amended so that instead of saying, 'I will maintain the utmost respect for human life from the time of conception', it now says, 'I will maintain the utmost respect for human life from its beginning.' 'Beginning' is left conveniently undefined.

More recently we have seen the emergence of Secular Bioethics as a new specialty with the proliferation of journals and university departments. The cynics will say that Secular Bioethics came along because the philosophers could see the writing on the wall for their specialty. No one was interested in philosophy anymore. So in order to preserve their tenure they had to remarket their profession. They did so by inventing a new discipline called 'Bioethics' and moving into this area.

The rise of Secular Bioethics reflects this change of worldview. Probably one of the best known exponents would be Peter Singer. Singer was a Professor of Bioethics at Monash University in Melbourne, Australia, and subsequently moved to the United States. He is famous for his book, *Animal Liberation*,⁷ which, in a sense, laid the philosophical framework for the animal rights movement back in the 1970s.

He's also well known for the concept of 'speciesism'. His seminal article, 'Sanctity of Life or Quality of Life?', published in 1983 in the American journal *Paediatrics*, laid out his stall.⁸

Singer argues that we need to get rid of the concept of the 'Sanctity of Life', the idea that all human life is precious because it is made in the image

7. Singer P. *Animal Liberation: A New Ethics for Our Treatment of Animals*. Harper Collins, 1973

8. Singer P. Sanctity of Life or Quality of Life? *Paediatrics* 1983; 72(1) bit.ly/2b3CQbK

of God. This is just 'religious mumbo-jumbo'. What we need is a new concept, 'Quality of Life'.

The idea behind 'Quality of Life' is that the value of an individual human life is contingent not simply on the fact that it is human, but on the capacities that it possesses.

Human life that has a higher capacity for intellectual engagement, relationships or cognition is of more value than human life that doesn't. Clearly this has serious repercussions for embryos, fetuses, or adults with dementia or Down's Syndrome.

Singer follows this line of argument through to its logical conclusions. One of his later books is titled, *Should the Baby Live?*⁹ Of course, you don't have to read the whole book to know that the answer is: 'Not if it doesn't possess...'

This intersects with Singer's animal rights views because he would argue that Christians are 'speciesist'; in other words, they discriminate against other species simply on the basis that they are not human. Rather, we should be valuing all life according to its intellectual capacity.

What follows from that is that we might judge a chimpanzee, dolphin or perhaps even a lower animal as having more intrinsic value than a severely disabled child, embryo or fetus.

THE POLITICISATION OF DARWINISM

We have to be careful to separate Darwinism as a biological theory from Darwinism as a kind of philosophical construct. Clearly not all people who believe in the theory of evolution hold to Singer's ethics. But what Hitler did, in effect, was to take the survival of the fittest, or the non-survival of the weakest, and politicise it. In other words, he made the non-survival of the weakest a public duty. This was embraced by the state and people were then required to cooperate with this view and what followed logically from it.

9. Singer P, Kuhse H. *Should the Baby Live?: Problem of Handicapped Infants*. Oxford Paperbacks, 1985

Behind Hitler's thinking was strengthening the gene pool of the German nation. It began with the elimination of disabled children, elderly people, psychogeriatrics and people with psychiatric conditions. But ultimately it spread to involve everyone who wasn't Aryan. The point is that the Holocaust did not begin with Jews.

I would argue that what we are actually seeing now is the same kind of politicisation of Darwinism, the same sort of eugenics. But it is carried out in a different way.

First, it is done prenatally, because we now have the technology to do it. Second, it is done, not through coercion, but through giving choice to powerful people.

The very first death in Nazi Germany was that of a blind and deaf baby with limb abnormalities (baby Knauer), who was given a lethal injection by Karl Brandt, Hitler's physician. Brandt went on to oversee the euthanasia programme and was later convicted and hanged at Nuremberg.

The killing of baby Knauer happened with parental consent. In fact, the 6,000 children who were killed in the paediatric euthanasia programme were all killed with parental consent.¹⁰ It was primarily all about parental choice. The coercion came later.

I would argue that we are seeing a similar process operating today. We make a choice available to people and argue that there will be less suffering and more freedom if they embrace this choice. The choice is to ensure that people with certain disabilities are not born because they will weaken our families and weaken society.

What then happens is that the main driver becomes what is most affordable. I find it interesting that in Nazi Germany in the 1930s, there was a lot of research done into cost-effectiveness. Children were asked in schools, in Mathematics exams: 'How many houses could be built for young couples for the money that is used currently to house the insane?'

Children would be given the figures and would make the calculations.

10. Saunders P. The Nazi Doctors: Lessons from the Holocaust. *Triple Helix* 2005; Spring:6-7 bit.ly/2biETX3

We see the same sorts of discussions in medical journals today, for example, about the cost-effectiveness of prenatal screening for Down's Syndrome. So we say, 'This is the cost of supporting children with Down's Syndrome throughout life. This is the cost of screening people and selectively aborting them. How do we measure that up?'

Thus, cost-effectiveness becomes the driver.

POPULAR ETHICAL FRAMEWORKS

If we ask the question, 'How do people make ethical decisions and decide what is right or wrong?', there are many different answers. At a popular level, conscience, feelings, and consensus are all very important. So the question 'What is wrong?' is actually 'What makes me feel guilty?' and 'What is right?' is actually 'What doesn't make me feel guilty?' or 'What makes me feel good?'

The thing about all these criteria – whether it is conscience, feelings, or consensus – is that they are very fluid over time, both within individuals and within a society. Conscience, feelings and consensus are all malleable concepts.

SECULAR ETHICAL FRAMEWORKS

There are three main ways in which academics build ethical frameworks in the post-Christian era.

The first is the 'Deontological' approach, where we decide things are right or wrong on the basis of whether the decision conforms to a set of principles. This was popularised by the philosopher John Stuart Mill.

The Deontological approach has been extremely influential and is taught in most medical schools. The most popular scheme now used was developed at Georgetown University in Washington by two ethicists called Beauchamp and Childress.¹¹

11. Beauchamp T, Childress J. *Principles of Biomedical Ethics*. Oxford: OUP, 2003

Beauchamp and Childress argued that we needed a new framework in which to discuss ethics in this post-Christian era. They said in effect, 'Let's pick out some principles that all of us will agree on, and then we can use those to have our ethical discourse'.

They picked out four principles: 'autonomy' – honouring individual choice; 'beneficence' – doing what is good; 'non-maleficence' – not doing what is bad; 'justice' – doing what is fair.

There were three key problems with their proposition.

First, how does one actually decide what is good and bad (beneficent or maleficent) without actually applying a moral code, which in turn will depend on a worldview, a set of presuppositions about the nature of the universe and morality? Good and bad cannot be divorced from worldview.

Second, what do we do when these principles conflict, as they invariably will? When autonomy conflicts with beneficence, for example, do we force the person to do what is good for them when they don't want it, or do we allow them a choice even if that is bad for them? In practice, advocates of the four principles take the view that autonomy trumps all else. But coming to that conclusion again involves making a judgment on the basis of a worldview.

Third, what is it that constitutes a person to whom we owe these duties? Is an embryo a person? A fetus? An elderly person with dementia? A chimpanzee?

With such fundamental problems it is astounding that Beauchamp and Childress' superficial and simplistic form of thinking has spread all over the world. But much discourse in ethical journals is according to these four principles, the so-called 'Georgetown Mantra'. Raanan Gillon's magnum opus *Philosophical Medical Ethics*¹² is a striking example. This multi-author volume is based entirely on the four principles and is used as a textbook in many medical schools.

Next, there is the 'Consequentialist' approach: where decisions are judged right or wrong on the basis of their consequences.

12. Gillon R. *Philosophical Medical Ethics*. John Wiley and Sons, 1986

This is Utilitarianism, championed by the philosopher Jeremy Bentham. It has been characterised as ‘the greatest good for the greatest number’.

There are problems with this too.

First, consequences of actions, especially long-term consequences, can be very difficult to judge. We are only just beginning to understand, for example, the human choices that contribute to cancer or global warming after decades of research.

Next, motives are surely important as well. One can do the right thing for the wrong reason, and vice versa. Meaning well does not necessarily mean that all will end well. Conversely, sometimes evil actions can be turned for good.¹³

Third, ‘ends and means’ surely need consideration too. It is not just the outcome that is important, but is it also the means by which we achieve it. The dictator Pol Pot eliminated leprosy from Kampuchea in the 1970s. We would say that eliminating leprosy is a good end, but the means by which he achieved it (killing the leprosy sufferers) were ethically diabolical. The SS X-Ray Battalion during the Second World War eliminated tuberculosis. They took X-rays. If people had TB, they shot them.

The third approach is ‘Virtue Ethics’ which is often associated with Plato. In order to make a good ethical decision, one must first be a virtuous person. This, of course, begs the question about what ‘virtue’ actually is, and this again leads us back to one worldview or another.

CONTEMPORARY ETHICAL DECISION MAKING

We are now in a situation where we have experienced a massive explosion of medical knowledge and technology but have no agreed moral consensus about how to decide what is right and wrong. In addition we have at least three different secular ethical frameworks, all of which have failings and all of which assume prior commitment to a set of beliefs about what is right and wrong.

13. Genesis 50:20

From a practical point of view, four principles have become overwhelmingly important in our contemporary atheist and secular society.

The first is autonomy: respecting choice. Whenever ethics is debated, whether it's prenatal diagnosis or euthanasia, autonomy is one of the major arguments driving it. Autonomy says 'We want it'.

Next is personal peace: maximising pleasure or, perhaps more importantly, minimising suffering. We embrace the route which will enhance personal peace and minimise personal suffering. Personal peace, says 'We need it'.

The third is technology. What is technically possible becomes the arbiter of what we do. Technology says 'We can do it'.

The fourth and final principle is moral relativism. Each person can choose the path that is right for him or her. Moral relativism says 'Why not?'

'We want it. We need it. We can do it. Why not?'

When a new technology comes along, the question is not, as it used to be: 'How does this square with principles of biblical morality?' Increasingly, we are not even asking: 'How does this fit with the Georgetown Mantra or with the Consequentialist approach?' and certainly not 'Is it virtuous?'

Now people seldom ask these questions at a popular, or at even an academic, level. It is much more about autonomy, personal peace, technology, and moral relativism: 'We want it. We need it. We can do it. Why not?'

Let's apply these principles to the example of nine-year-old girls who are gender-confused, who are given male hormones to delay puberty, and who later have surgery and hormone treatment to change them into boys.

'We want it. We need it. We can do it. Why not?'

CHRISTIAN ETHICAL FOUNDATIONS

How do we approach this ethical quagmire as Christians?

Thomas Sydenham was an English doctor. He lived in the 17th century around the time of John Bunyan. He lived through the Bubonic Plague, which

hit London in 1665, just a year before the Great Fire of London in 1666.¹⁴

Sydenham was a brilliant doctor. He was a polymath, and his name is associated in medicine with many different diseases because of his huge contribution. He was also a Puritan and a deeply committed Bible-believing Christian. When he spoke to students at the beginning of each year, he would explain to them the Christian basis of medicine.

He told his students that human beings are incredibly precious for two main reasons. First, human beings are made in the image of God. Second, human beings are precious because God himself gave nobility to the human race by becoming a human being in the person of Jesus Christ.

Doctors practising medicine, said Sydenham, should therefore remember that they themselves are human and that they will not escape illness, disease and death. Accordingly, they should practise medicine with great empathy, knowing that their patients are their fellow sufferers.

He also said that doctors should remember that, at the end of the age, they will stand before the Almighty and be required to give an account of the way that they have used the skills that he gave them as a gift of stewardship.

Sydenham's was a profoundly Christian worldview.

Sydenham cuts to the heart of the matter, grounding us in the key concept of the 'Imago Dei', the Image of God. The Bible teaches that human beings are made in God's image.¹⁵ We are not given, in the Scriptures, a detailed exposition of what this actually means, but we can pick up clues from the first chapters of Genesis that human beings are, like God, creative: we are given a capacity to do things; we are rational; we are relational: made for a relationship with God and for each other; and we are moral beings who can make moral decisions.

This is the foundation of a Christian ethical framework. But this is only the beginning.

14. Browne S. Sydenham the Physician. *Nucleus* 1996; Spring:22-24 bit.ly/2bHNJ1B

15. Genesis 1:27-28

A Christian ethical framework involves sharing the mind of Christ, holding the commands of Christ, showing the character of Christ and carrying the cross of Christ.

Let's consider each of those in turn.

SHARING THE MIND OF CHRIST

To share the mind of Christ, we firstly need to have a Christian worldview. We have to think about the world in the way that Jesus does and in the way the Bible teaches; in terms of creation, fall, redemption and future hope.

We are created by God in his image for an eternal relationship with him. But we have also, individually and collectively, fallen from grace. We are sinful and this sin has every aspect of our beings; our bodies, our emotions, our relationships, and our moral decision-making. We are masterpieces created by the grand master, but we are 'flawed masterpieces' in need of redemption.

God has initiated his great plan of redemption through his dealings with Israel and ultimately through the sending of his Son Jesus Christ, through whose death and resurrection we can be reconciled to God through repentance and faith.

We now have a hope that is certain, guaranteed by God himself, that we can have confidence for the day of judgment because of what Jesus has done for us, and will live together with God and fellow believers forever in God's presence in a new heaven and new earth.

Sharing the mind of Christ involves having that linear view of history and that confidence about the future.

HOLDING THE COMMANDS OF CHRIST

Holding the commands of Christ means being guided by his word in the way we make ethical decisions.

What starts in the Old Testament as the Old Covenant, the Ten

Commandments and the 613 laws of the Pentateuch are, of course, a shadow prophetically pointing to the person of Christ, who will be the only one who is able to fulfil them.

In the New Testament, first of all in the Sermon on the Mount,¹⁶ we see Christ going beyond the mere external legalities of Old Testament law to the very spirit of love that underlies it. He says¹⁷ that the most important commands in the law are to love God with all one's heart, soul, mind and strength¹⁸ and to love one's neighbour as oneself.¹⁹

Jesus also gave his disciples a new commandment, to love one another as he had loved them.²⁰

Then, within the Epistles, we are called to be imitators of God,²¹ to be imitators of Christ,²² and to walk in the way that he walks.²³

But we are told that all Scripture is inspired (literally breathed) by God and profitable for teaching, correction, rebuking and training in righteousness.²⁴ So we need to work hard at deducing biblical ethical principles to apply to today's ethical dilemmas.

Here are some key biblical principles, several of which we have alluded to already:

- **Stewardship:** we are given skills and abilities, not in order to exploit the earth, but to be its vanguards and its stewards, caring for the earth and for each other in the same way that God would care.²⁵ We are God's delegated vice-rulers. This obviously applies to the

16. Matthew 5-7

17. Matthew 22:37-40

18. Deuteronomy 6:5

19. Leviticus 19:18

20. John 13:34-35

21. Ephesians 5:1

22. 1 Corinthians 11:1

23. 1 John 2:6

24. 2 Timothy 3:16-17

25. Genesis 1:26

scientific knowledge and technology that he has given to us. In fact, we see the beginnings of science in Adam naming the animals (taxonomy)²⁶ and technology with Jubal and Tubal-Cain developing musical instruments and metal tools.²⁷

- **The sanctity of life:** every human being is precious in God's sight because every human being is made in the image of God.²⁸ It is because of this that human beings cannot be unjustly killed.²⁹ God will hold us accountable for the shedding of innocent blood.³⁰
- **Chastity:** sexual faithfulness. As we learn, ultimately, in the New Testament, the pattern of 'one man, one woman, for life'³¹ is a beautiful picture or metaphor of Christ's marriage with the Church³² and points, eschatologically, to the New Jerusalem, and the new heaven and the new earth.³³
- **Veracity:** the telling of truth,³⁴ because God is truthful and tells no lies.³⁵
- **Justice:** both at an individual and corporate level, so that vulnerable people are protected from exploitation. So much of the Old Testament law, of course, is about guarding the weak.³⁶

26. Genesis 2:19-20

27. Genesis 4:21-22

28. Genesis 1:27

29. Exodus 20:13; Deuteronomy 5:17

30. Genesis 9:5-6

31. Genesis 2:24

32. Ephesians 5:31-32

33. Revelation 22:17

34. Exodus 20:16; Leviticus 19:11; Deuteronomy 5:20

35. Numbers 23:19; Titus 1:2

36. Proverbs 31:8-9

- **Compassion for others and grace:** giving people the good they don't deserve.³⁷
- **Mercy:** not giving people what they do deserve.³⁸

So we are called to share the mind of Christ, both in terms of worldview and ethics. Having the mind of Christ and keeping the commands of Christ are crucial, but we are also called to show the character of Christ because Christian ethics is not just about what we do, but also about how we do it.

SHOWING THE CHARACTER OF CHRIST

This brings us back to Plato's idea that in order to act virtuously, one has to be a virtuous person. One can only act virtuously, in a Christian sense, by being born again, and then being transformed by the Holy Spirit so that one develops the fruit of the Holy Spirit: love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control.³⁹

It is one thing to know the right thing to do. It is something else altogether to have the character to do it.

Standing firm in making correct ethical decisions requires great wisdom, patience, perseverance and courage.

CARRYING THE CROSS OF CHRIST

Carrying Christ's cross means two things in a world hostile to Christian faith and values. It means, first of all, that we are prepared to fulfil the 'Law of Christ'.

The Law of Christ is an interesting concept. It is mentioned twice in the New Testament. The first mention comes in 1 Corinthians, where Paul says,

37. Matthew 5:43-48

38. Micah 6:8

39. Galatians 5:22-23

'I am not under the law, but I am under Christ's law'.⁴⁰ Then, in Galatians, we have the command: 'Bear one another's burdens and so fulfil the law of Christ'.⁴¹

This lines up with Christ's words to his disciples at the Last Supper: 'A new commandment I give to you: love one another as I have loved you'.⁴²

If you like, it is the very opposite of the Darwinist ethic of the weak being sacrificed for the strong. It is actually the strong making sacrifices, or laying down their lives, for the weak.

This is the guiding ethic for everything we see in the New Testament. For example, with the ethics of giving: 'Christ, who was rich, became poor so that you might be rich'.⁴³ Why? In order that we ourselves might then become poor so that we can make others rich. We are called to emulate Christ in making sacrifices, or laying down our lives, for the weak.

Additionally, part of carrying the cross in a society hostile to Christian faith and values is that we are prepared to speak and act in godly ways, even when it is tremendously costly to do so; in other words, even when it leads to great opposition. This is part of the cross.

Christ bore the burdens of others and carried out great acts of compassion, healing and love. But he wasn't crucified for these acts of compassion. It was actually his words that led to his death.⁴⁴ It was when he spoke unpalatable truth about his own identity⁴⁵ and when he spoke prophetically about the nation in which he was placed.⁴⁶ That was when persecution really came to bear.

As Christ's people living in this age we are called to carry the cross of Christ.⁴⁷ That involves both sacrificial service and also faithfully speaking

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- 40. 1 Corinthians 9:21
 - 41. Galatians 6:2
 - 42. John 13:34-35
 - 43. 2 Corinthians 8:9
 - 44. John 7:7
 - 45. John 5:18
 - 46. Matthew 26:63-68
 - 47. Matthew 16:24; Luke 9:23, 14:27

the truth, regardless of the cost, whether it is preaching the Gospel or speaking moral truth in the public sphere.

Lastly, we have some pitfalls and misconceptions for evangelicals on ethics.

PITFALLS FOR EVANGELICAL CHRISTIANS

'Situation Ethics', 'Cheap Grace' and 'Diversity' are issues that are very much alive and well in the Church at the moment. They largely account for the fact that ethics are often not taught effectively in our churches and for the huge degree of ethical confusion that there is among Bible-believing Christians.

The same-sex marriage debate is a good example of how people have not been properly equipped to be able to think biblically.

SITUATION ETHICS

'Situation Ethics' was taught by Joseph Fletcher, an Episcopal priest and a lecturer at the Episcopal Divinity School in Cambridge, Massachusetts, in the 1960s. Fletcher wrote ten books and many scientific articles.

Fletcher's main contribution to ethics was his book, *Situation Ethics*,⁴⁸ which argues that 'the law of love' trumps everything else. In other words, Fletcher taught that there are certain situations where it is admissible to break moral laws because it is the loving thing to do.

Explicitly, he maintained that there are times when one might commit adultery, end the life of an innocent person, tell a lie or steal, and yet be acting 'in love'.

Moving from this starting point, Fletcher later became an atheist, joined the Euthanasia Society and the Eugenics Society, and was an original signatory of the *Humanist Manifesto*.

48. Fletcher J. *Situation Ethics: The New Morality*. Westminster: John Knox Press, 1997

Fletcher's idea that 'All that matters is love' and that we can reinterpret morality in terms of that, still holds strong sway in the Church. This is a profoundly wrong idea and can be rebutted from Scripture.

When Christ taught that love was the fulfilment of the law⁴⁹ he did not thereby dispense with all other moral law. In fact when he criticised the Pharisees for not upholding the important matters of the law – justice, mercy and faithfulness – he said they should have practised these without neglecting lesser laws.⁵⁰

CHEAP GRACE

'Cheap Grace' is a term coined by Dietrich Bonhoeffer in his book *The Cost of Discipleship*.⁵¹ Bonhoeffer was a German dissident during the Second World War who was hanged because of his role in a plot to overthrow Hitler. But he was, of course, quite a theologian as well.

His book begins with the sentence, 'Cheap grace is the deadly enemy of the Church'.

What Bonhoeffer argues is that Christians have quite rightly emphasised the fact that we're saved by grace through faith and that this is not our own doing. It is God's gift and cannot be earned.⁵²

But he argued that, having been saved, we are then called to a life of repentance and following Christ, to be holy. We are a holy nation and we are to walk in Christ's footsteps.⁵³

Cheap Grace is the idea that because we are saved by grace, the way that we live does not really matter. This is heresy.

Bonhoeffer is right. Grace is costly, both because it cost Christ everything to save us, but also in the sense that grace calls us to a life of obedience.

49. Matthew 22:37-40

50. Matthew 23:23-24

51. Bonhoeffer D. *The Cost of Discipleship*. Pocket Books, 1995

52. Galatians 2:8-9

53. 1 Peter 1:16

DIVERSITY

This is the idea that ethics is a secondary issue, important but not essential. In Romans 14 the apostle Paul writes about not judging one another for our views on secondary issues, and he uses the two examples of the food we eat and the way we esteem various days of the week.

This is the basis of the interesting discussions we have about what's primary or core within evangelicalism and what is secondary. In other words, there are issues on which we might choose legitimately to disagree, and in those areas, we have to be careful not to judge one another but rather to respect one another.

Of course, this raises the question about what's in that secondary category. Most Christians would agree that secondary issues include things like the mode and timing of baptism, eschatology, church structure, the role of women, the place of Israel and the way the Lord's Supper is practised.

But the key question to be asked here is: 'Is morality a secondary issue?'

We have recently had a debate in the UK, where a group of so-called 'Progressive Evangelicals' were arguing that sexual morality is a secondary issue on which Christians can choose legitimately to disagree.

They argue specifically that this applies to the area of same-sex marriage. They will say, 'Well, we endorse gay marriage. You don't, and we respect that, but we're still all Evangelicals together and you shouldn't judge us'.

That is profoundly mistaken and unbiblical. The New Testament makes it very clear that those who continue to do certain things (including sex outside marriage) will not be included in the Kingdom of God.⁵⁴ We see at the end of Revelation that, even though we are saved by grace, judgment is on the basis of works. Who remains outside the city? Well, it is the murderers, idolaters and the sexually immoral.⁵⁵

'Situation Ethics', 'Cheap Grace', and what I have called 'Diversity'

54. 1 Corinthians 6:9-10

55. Revelation 21:8, 22:15

are mistaken teachings that are damaging to the Church, and part of the reason why we don't engage in ethical discussion as much as we should.

To a certain extent, Roman Catholics put us to shame over this, as much as we, as evangelicals, disagree with Catholic doctrine on a range of different levels.

But in regards to advocacy, public policy and media involvement, with respect to sexuality, beginning or end-of-life issues and those more complex areas of bioethics, it is noticeable that our main co-belligerents are often Roman Catholics rather than mainstream evangelicals. This is deeply sad.

SUMMARY

We have reviewed the major bioethical trends in the Western world today and analysed the worldview changes that have led to them.

We have traced this back to the influences of liberal theology, Darwinism and Enlightenment philosophy and have seen the way these have shaped philosophy and ethics.

We have looked at the three main approaches to ethical theory – deontological, consequentialist and virtue.

We have then sketched out a biblical approach to ethics based on having the mind of Christ, holding the commands of Christ, showing the character of Christ and carrying the cross of Christ.

Finally we have looked at three reasons why evangelical Christians do not take ethics seriously enough – situation ethics, cheap grace and diversity.

From this foundation we are now ready to engage with specific ethical issues in greater depth.

Advances in technology and medicine appear to promise so much. But many of these advances pose big ethical questions. How do we decide what is right or wrong?

Society no longer holds an agreed moral and ethical consensus. Traditional ethical codes have been eroded and often an atheistic worldview dominates the 'mountains of our culture' – business, government, media and education. Moral relativism rules.

All the more reason, then, why Christians need to be sure about the biblical foundations of their faith and take ethical issues seriously. Peter Saunders, CMF Chief Executive, explores how we can engage with these often difficult issues and show Christ's character and compassion to those around us.